FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Lufkin Dan W | | | | | | 2. Issuer Name and Ticker or Trading Symbol ELECTRO OPTICAL SCIENCES INC /NY [MELA] | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | wner |
|---|--|--|-------------|--------|--|---|---------|-----------------------------------|------------------------------------|---|---------------------|---|-----------|--|---|--|---|--|
| | CTRO-OP | (First) (Middle) OPTICAL SCIENCES, INC. ST. SUITE #201 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/13/2009 | | | | | | | | | belo | w) | below) | |
| (Street) IRVINGTON NY 10533 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | 4: | | 141 | | | D:- | | • | D | . . | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | ction | tion 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 1) | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) |) or) | Price | | rted action(s) 3 and 4) | | (Instr. 4) |
| Common | Stock | | | 04/13/ | /2009 | | 04/13/2 | 2009 | P | | 2,500 | | A | \$ 6.081 | 6 | 12,500 | I | Cynthia Lufkin |
| Common | Stock | | | | | | | | | | | | | | | 50,142 | I | Margaret L. Bishop Trust |
| Common | Stock | | | | | | | | | | | | | | 4 | 34,765 | D | |
| Common | Stock | | | | | | | | | | | | | | (| 50,142 | I | Abigail Lufkin Trust |
| Common | Stock | | | | | | | | | | | | | | (| 50,143 | I | Allison Lufkin Trust |
| Common | Stock | | | | | | | | | | | | | | (| 50,143 | I | Elise G.B. Lufkin Living Trust |
| Common | Stock | | | | | | | | | | | | | | | 6,847 | I | Aster Lee Moulton Lufkin Trust |
| Common Stock | | | | | | | | | | | | | | | 1 | 0,000 | I | Schuyler Hazard Trust |
| | | Та | able II - D | | | | | | | | sed of, onvertib | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber res | | | | |

Explanation of Responses:

Remarks:

/s/ Philip DeBellis as attorney- 04/14/2009

in-fact for Dan W. Lufkin

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.